Effective October 1, 2003 10784960												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OTHER THAN OR SMALL ENTITY		
ľ	OTAL CLAIM!	s		1				RATE	FEE	7	RATE	FEE
FI	DR		NUMBE	NUMBER FLED		NUMBER EXTRA		ASIC FE	₹ 385.00	OR	BASIC FEE	
T	OTAL CHARGE	ABLE CLAIMS		minus 20=		• —		XS 9-	 	OR	XS18=	
IN	DEPENDENT (ZLAIMS	1 1	minus 3 •		•		X43=	+	1	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							-			OR		
* If the difference in column,1 is less than zero, enter "0" in column 2							L	145=	-	OR	+290=	
CLANG AS AMENDED . BART II												
_	21.05(Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL!	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NEGRI NUME PREVIO PAID I	ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1.18	Minus	-2	0	.0	7	S 9=		OR	X\$18=	
	Independent	1.2	Minus		3	-0	7	(43-	- /	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145:		OR	+290=	\neg
								TOTAL	/-	UB	YOTAL	/
(Column 1) (Column 2) (Column 3)									7	,	VODIT. FEE	/
AMENDMENT B	<i>}</i>	CLAIMS REMAINING AFTER AMENDMENT	/	NUMB PREVIOU PAID F	ER	PRESENT EXTRA	R	ATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE
NO X	Total	. 20	Mirus.	- 2	O	• 1	×	\$ 9=		6	X\$18=	-
ME	Independent	• 3	Minus	(5	•	-	43-			XB6=	/
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT (MIAJ	· 🔲	-		· /	OR		/-
	1	•		•		. (ـــا ٠	45=		OR	+290a	
0	15/06	(Balana 4)						T. FEE	للبنا	OR A	DOTT. FEEL	-/
0	,	(Column 1)		(Catumi	51	(Column 3)			****	-	· .	
MEN	•	REMAINING AFTER AMENDMENT	·	PREVIOU PAID FO	SLY SR	PRESENT EXTRA	R/	NE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 19	Minus	- 20)	• /	XS	8 =		OR	X\$18=	
5 L	independent	• 2'	Minus	 3		• /	X4	3.	1.	. 1	X86=	/ -
_	rungi Phese	NTATION OF MU	LIPLE DEF	POENT C	MIAS			-		OR _	/	'
. 5	# If this entry, in column 1 is less than the entry in column 2, write "O' in column 3. # If this Physical Number Previously Paid For IN THIS SPACE is less than 20, enter 20. **O'AL TOTAL											
-4	the Highest Nur	mer Previously Pai noor Proviously Pa oor Proviously Pold	id For IN THE M For IN THE	S SPACE 6 H	ess then	20, enter 20.°	ADDIT				TOTAL DOT. FEE	

Application or Docket Number